

ENTRY BLANK

copy "N"

PLEASE TYPE OR PRINT

☐ Ms.

☒ Mr. Artist **Arnold H. Savage**

(Last Name Last)

Permanent

Address **1591 Center Road**

Street
Avon, Ohio 44011

City

Daytime Tel. ()

Zip

Area Code

Temporary or

Studio Address

Street

City

Daytime Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? **Cuyahoga**

Collaborator **none**

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense to this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature **Arnold H. Savage**

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☒ 5. Crafts

Materials **All 100% cotton**

Title **Hexaemeron**

Price or NFS

NFS

Insurance Value
if NFS Only

\$1000 +

Size

50½" hexshape

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

REJECTED

DO NOT WRITE IN THIS SECTION

26(T)

ACCEPTED

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

Title

Price or NFS

Insurance Value
If NFS Only

Size

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

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Unframed

Price of
Frame

ACCEPTED

REJECTED

DO NOT WRITE IN
THIS SECTION

ACCEPTED

REJECTED

RECEIVED

DATE

DETACH

1986 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

Arnold H. Savage
Name

1591 Center Road
Address

Avon, Ohio 44011
City & State Zip

NOTIFICATION #2

DO NOT
DETACH**1**

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☒ 5. Crafts

Title

HEXAEMERON
~~HEXAERON~~

DO NOT WRITE IN THIS SECTION

26(T)

ACCEPTED

X

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

RETURN OF OBJECTS:

REJECTED: MAY 6-10

ACCEPTED: JULY 8-12

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

This is your only receipt to claim your object(s).